

Leonie Johnson

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The Secretary  
House Standing Committee on Health and Ageing  
Inquiry into Breastfeeding  
via email: [haa.reps@aph.gov.au](mailto:haa.reps@aph.gov.au)

Dear Sir/Madam,

Please accept this submission to the Inquiry into Breastfeeding. My submission is based on my personal experience as a mother and as an Australian Breastfeeding Association counsellor. I am not a health professional. I have addressed points a) and d) of the terms of reference below.

**a. the extent of the health benefits of breastfeeding;**

When comparing breastfeeding with artificial feeding, the focus is often on the nutritional and immunological benefits, the health benefits. These appear to be well researched areas. However, there are also significant relationship / parenting benefits to be gained from breastfeeding, especially when breastfeeding an older baby or toddler and these are less often the focus.

Babies and toddlers are very challenging for a mother to manage, particularly when parenting in isolation (rather than in groups) as many mothers in nuclear families do these days. Breastfeeding allows an easy way to calm and sooth an angry or upset toddler that artificial feeding simply cannot achieve. To be able to offer the breast to a 15 month old who does not want to go to bed at night, to a 2 year old with a grazed knee, to a 10 month old who wants your keys and can't have them, makes life so much simpler. The conflict between child and parent disappears and the whole disaster is over and forgotten in minutes.

My personal experience is that I am not particularly inclined to be a mother and found it quite a challenge. I look at mothers trying to calm an unhappy baby or toddler and often think that I simply would not have coped without the quick and simple solution that breastfeeding offered. Increasingly research (Biddulph for example) points to the importance of the first three years of a child's life in brain development. Breastfeeding is a powerful tool in minimising parent/child conflict and establishing a trusting bond during this very challenging time.

It would be useful if future research, educational messages and mother support services emphasised this additional health benefit.

#### **d. initiatives to encourage breastfeeding;**

Initiative to encourage breastfeeding need to look at not only the benefits to breastfeeding, but also the barriers and the support and information services that are required to support mothers who choose to breastfeed.

Breastfeeding happens easily for some mothers. For others the first month or two can be an absolute nightmare. Any initiatives to encourage breastfeeding must also include initiatives to provide information and support to mothers who wish to succeed in breastfeeding.

Most women do not understand how breastfeeding works. Typical child behaviours such as wanting to feed constantly for a few days at 6 and 12 weeks or shorter feeds at 3 months and being distracted and difficult to feed at 5-6 months are often interpreted as signs of an inadequate milk supply and children are weaned due to lack of confidence on the part of the mother. Few women seem to understand the relationship between supply and demand and the importance of looking at the amount of wet nappies and weight gains over a month in order to evaluate the milk supply. Comments such as "my milk just disappeared" and "my milk wasn't good enough" show a lack of understanding rather than an inability to lactate and are still much too frequent.

It seems that there is a higher level of awareness about breastfeeding in the community – more women seem to want to try. However, this means that more information and support services are needed. This puts more pressure on volunteers within organisations such the Australian Breastfeeding Association at a time when it is becoming harder and harder to find volunteers in Australian society in general. As a volunteer counsellor I feel increasingly stretched by the needs of breastfeeding mothers.

However, this is a significant area of potentially high future gains. Many women of today have mothers who had little experience of breastfeeding. Every mother who successfully breastfeeds now will be able to support her daughters, nieces, neighbours etc in the future. The more women who are armed with breastfeeding information and skills derived from their own success and support services, the less of a need there will be on these services in the future.

In a time in Australian society where women are told they are only really of value if they are working and the role of mother has been thoroughly downgraded, it is difficult to sustain long-term breastfeeding relationships. If the role of parenting (mothers and fathers) can be promoted and supported through carer benefits that don't favour those who return to work (as the current system does through the child care benefit scheme) and through the taxation system then more flexible work practices may emerge which acknowledge the importance of parenting. If the value of parenting can be increased then so will the role of the breastfeeding mother.

Many women today seem to want to breastfeed but do not want it to get in the way of their own personal space, their ability to drink alcohol or take other drugs or their freedom to leave the baby. Perhaps it is related to our culture of materialistic consumerism and instant gratification that the idea of avoiding alcohol for a couple of years out of your whole life is too much to ask – or that being organised enough to express milk when you need to be separated from the baby is too difficult. This isn't

something we can change, but acknowledging it might be part of the solution to overcoming this increasingly common barrier to breastfeeding.

Thank you for your consideration of my submission

Yours sincerely,

Leonie Johnson